

PATIENT NAME

FILE NO.

AGE

SEX

DATE

DIAGNOSIS

Rx

SIGNATURE

STAMP / LICENCE NO.

Dr. Abdirashid Ismail · Orthopedic Surgeon

PATIENT NAME

DATE

RANGE OF MOTION

Flexion L _____ ° Flexion R _____ °

Extension L _____ ° Extension R _____ °

PAIN SCORE (0-10) / NOTES

FINDINGS

PLAN

CLINICIAN

SIGNATURE

PATIENT NAME

DATE

EXAMINATION REQUESTED

☐ X-ray – weight bearing

☐ X-ray – standard

☐ MRI knee

☐ Ultrasound

☐ Other

SIDE (L / R / BOTH)

CLINICAL QUESTION

RELEVANT HISTORY

REPORT BACK TO

REQUESTED BY

SIGNATURE

210 mm

Production

- 80 gsm uncoated bond — it has to take a ballpoint.
- 50 leaves per pad, glued at the head, grey chipboard back.
- One colour: Pantone 316 C. Rules at 0.55 pt, 15% tint.
- Numbered No. _____ at the foot if you need an audit trail.
- Print in A4 two-up and guillotine to A5.

Before the first run

- Add the clinic licence number to the foot.
- Add each prescriber's registration number.
- Confirm what your regulator requires on a script.
- Confirm whether a controlled-drug variant is needed.
- Have a clinician sign off the field order.

Imaging request